

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF		COURT CASE NUMBER
<u>Timothy D. Kane</u>		07C6590
DEFENDANT		TYPE OF PROCESS
<u>Gilbert, et al.</u>		S/C
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	<u>Deputy Joseph Paavilainen</u>	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	<u>Lake County Highway Patrol Division, 1301 N. Milwaukee Ave, Libertyville, IL 60048</u>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Timothy Kane, B43676
Stateville-STV
Joliet, IL 60434

Number of process to be
served with this Form - 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

FILED

DEC 20 2007

DEC 20 2007

MICHAEL W. DOBBINS

Signature of Attorney or other Originator requesting service on behalf of:	CLERK U.S. DISTRICT COURT	TELEPHONE NUMBER	DATE
	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		12-04-07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 2 of 2	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk	TD	Date 12-04-07
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

C. McBlade Community Service Officer AFA

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service
12/14/07Time
3:00 am

Signature of U.S. Marshal or Deputy

KM

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
one	Service Fee	charged	same	location + case		

REMARKS:

See attached process sheet #1
for charges.

80 miles RT
2 1/2 hrs